



House of Representatives

General Assembly

File No. 102

January Session, 2009

Substitute House Bill No. 6264

House of Representatives, March 19, 2009

The Committee on Public Health reported through REP. RITTER of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING STATE-WIDE HEALTH CARE FACILITY PLANNING.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-634 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2009*):

3 (a) The Office of Health Care Access [, in consultation with the
4 Department of Public Health, shall carry out a continuing] shall
5 conduct, on an annual basis, a state-wide health care facility utilization
6 study. [, including a study of existing health care delivery systems;
7 recommend improvements in health care procedures to the health care
8 facilities and institutions; recommend to the commissioner legislation
9 in the area of health care programs; and report annually to the
10 Governor and the General Assembly its findings, recommendations
11 and proposals, as of January first, for improving efficiency, lowering
12 health care costs, coordinating use of facilities and services and
13 expanding the availability of health care throughout the state.] Such
14 study shall include, but not be limited to, an assessment of: (1) Current

15 availability and utilization of acute hospital care, hospital emergency
16 care, specialty hospital care, outpatient surgical care, primary care and
17 clinic care; (2) geographic areas and subpopulations that may be
18 underserved or have reduced access to specific types of health care
19 services; and (3) other factors that the Commissioner of Health Care
20 Access deems pertinent to health care facility utilization. Not later than
21 June thirtieth of each year, the commissioner shall report, in
22 accordance with section 11-4a, to the Governor and the joint standing
23 committees of the General Assembly having cognizance of matters
24 relating to public health and human services on the findings of the
25 study. Such report may also include the commissioner's
26 recommendations for addressing identified gaps in the provision of
27 health care services and recommendations concerning a lack of access
28 to health care services.

29 (b) The office, in consultation with such other state agencies as the
30 Commissioner of Health Care Access deems appropriate, shall
31 establish and maintain a state-wide health care facilities plan. I,
32 including provisions for an ongoing evaluation of the facility
33 utilization study conducted pursuant to subsection (a) of this section
34 to: (1) Determine the availability of acute care, long-term care and
35 home health care services in private and public institutional and
36 community-based facilities providing diagnostic or therapeutic
37 services for residents of this state; (2) determine the scope of such
38 services; and (3) anticipate future needs for such facilities and
39 services.] Such plan may include, but not be limited to: (1) An
40 assessment of the availability of acute hospital care, hospital
41 emergency care, specialty hospital care, outpatient surgical care,
42 primary care, and clinic care; (2) an evaluation of the unmet needs of
43 persons at risk and vulnerable populations as determined by the
44 commissioner; (3) a projection of future demand for health care
45 services and the impact that technology may have on the demand,
46 capacity or need for such services; and (4) recommendations for the
47 expansion, reduction or modification of health care facilities or
48 services. In the development of the plan, the office shall consider the
49 recommendations of any advisory bodies which may be established by

50 the commissioner. The commissioner may also incorporate the
51 recommendations of authoritative organizations whose mission is to
52 promote policies based on best practices or evidence-based research.
53 The commissioner, in consultation with hospital representatives, shall
54 develop a process that encourages hospitals to incorporate the state-
55 wide health care facilities plan into hospital long-range planning and
56 shall facilitate communication between appropriate state agencies
57 concerning innovations or changes that may affect future health
58 planning. The office shall update the state-wide health care facilities
59 plan on or before July 1, 2012, and every five years thereafter. Said plan
60 shall be considered part of the state health plan for purposes of office
61 deliberations pursuant to section 19a-637.

This act shall take effect as follows and shall amend the following sections:

Section 1	July 1, 2009	19a-634
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Joint Favorable Subst.

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

The provisions of this bill can be met by the Office of Health Care Access under its normally budgeted appropriation and does not result in a fiscal impact.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis**sHB 6264*****AN ACT CONCERNING STATE-WIDE HEALTH CARE FACILITY PLANNING.*****SUMMARY:**

This bill revises the way the Office of Healthcare Access (OHCA) (1) conducts health care facility utilization studies and (2) develops a state health care facilities plan. It specifies the elements OHCA must examine in each document. It requires OHCA to prepare the utilization study annually and the facilities plan every five years.

EFFECTIVE DATE: July 1, 2009

HEALTH CARE FACILITY UTILIZATION STUDY

The bill requires OHCA to conduct its statewide health care facility utilization study annually, rather than on a “continuing” basis (the latest study contains FY 07 data). The bill adds new factors OHCA must, at a minimum, assess and eliminates old ones. Under the bill, OHCA must examine:

1. the current availability and use of care in acute care and specialty hospitals, emergency rooms, outpatient surgical centers, clinics, and primary care facilities (the bill does not define clinic or primary care, which could include federally qualified health centers, school-based health centers, and some private providers’ offices);
2. geographic areas and subpopulations that may be underserved or have limited access to specific types of services; and
3. other factors the OHCA commissioner deems pertinent.

The study can also include the commissioner’s recommendations

for addressing identified service gaps and lack of access to services. It must be submitted to the Public Health and Human Services committees by June 30 each year. Under current law, the study goes to the legislature and governor.

Under current law, which the bill eliminates, the utilization study must examine existing delivery systems and make recommendations to health care faculties and institutions on procedural improvements, and to the public health commissioner on legislation. OHCA must annually report the study's findings and recommendations for improving efficiency, lowering costs, coordinating facility use and services, and expanding health care availability.

The bill also eliminates requirements that OHCA (1) consult with the Public Health Department in conducting the utilization study and (2) evaluate the study as part of developing its health care facilities plan.

STATE HEALTH CARE FACILITIES PLAN

The law requires OHCA to create and maintain a statewide health care facilities plan. OHCA must consider this plan and the Public Health Department's state health plan in making certificate of need decisions. The bill requires it to update the existing plan (OHCA has never written a plan) by July 1, 2012 and every five years thereafter. It also requires OHCA to consult with any state agency the commissioner deems appropriate.

Under the bill, the plan may:

1. assess the availability of care in acute care and specialty hospitals, emergency rooms, outpatient surgical centers, clinics, and primary care sites (the bill does not define clinic or primary care);
2. evaluate the unmet needs of people the OHCA commissioner determines are at risk and of populations she determines are vulnerable;

3. project future demand for health care services and the effect technology may have on the demand, capacity, or need for services; and
4. recommend expansion, reduction, or modification of health care facilities.

In developing the plan, OHCA (1) must consider recommendations from any advisory bodies the commissioner establishes and (2) may use recommendations from authoritative organizations that promote best practices or evidence-based research. OHCA must consult with hospital representatives to develop a process that encourages hospitals to incorporate OHCA's plan into their long-range planning. Finally, OHCA must help appropriate state agencies communicate about innovations or changes that may affect future health planning.

The bill eliminates the requirement for OHCA, in creating the facilities plan, to

1. determine the availability of long-term and home health care in public and private institutions and community-based diagnostic and treatment facilities,
2. determine the scope of these services, and
3. anticipate future needs for these services and facilities.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 29 Nay 0 (03/04/2009)